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8	UNITED STATES DISTRICT COURT
9	NORTHERN DISTRICT OF CALIFORNIA
10	Kini Cosma- DELINS } (V) 07 GOD
11	Plaintiff, CASE NO.
12	vs. PRISONER'S
13) APPLICATION TO PROCEED IN FORMA PAUPERIS CR A
14	COUNT OF Dapa, ETAC, Defendant.
15	
16	I, Kini Cosma - , declare, under penalty of perjury that I am (hPR)
17	plaintiff in the above entitled case and that the information I offer throughout this application
18	is true and correct. I offer this application in support of my request to proceed without being
19	required to prepay the full amount of fees, costs or give security. I state that because of my
20	poverty I am unable to pay the costs of this action or give security, and that I believe that I am
21	entitled to relief.
22	In support of this application, I provide the following information:
23	1. Are you presently employed? Yes No
24	If your answer is "yes," state both your gross and net salary or wages per month, and give the
25	name and address of your employer:
26	Gross: Net:
27	Employer:
28	
20	
, ,,,,	C IN FORMA DALIDERIS - 1 -

1	If the answer is "no," state the date of last employment and the amount of the gross and net
2	salary and wages per month which you received. (If you are imprisoned, specify the last
3	place of employment prior to imprisonment.)
4	-
5	
6	
7	2. Have you received, within the past twelve (12) months, any money from any of the
8	following sources:
9	a. Business, Profession or Yes No
10	self employment
11	b. Income from stocks, bonds, Yes No
12	or royalties?
13	c. Rent payments? Yes No
14	d. Pensions, annuities, or Yes No
15	life insurance payments?
16	e. Federal or State welfare payments, YesNo
17	Social Security or other govern-
18	ment source? Food Stamps \$199
19	If the answer is "yes" to any of the above, describe each source of money and state the amoun
20	received from each.
21	\$68100 + \$99
22	
23	3. Are you married? Yes No
24	Spouse's Full Name:
25	Spouse's Place of Employment:
26	Spouse's Monthly Salary, Wages or Income:
27	Gross \$ Net \$
28	4. a. List amount you contribute to your spouse's support:\$

b. List the persons other than your spouse who are dependent upon you for	
support and indicate how much you contribute toward their support. (No	
For minor children, list only their initials and ages. DO NOT INCLUDE	
4 THEIR NAMES.).	
5	
6	
7 5. Do you own or are you buying a home? 7. Yes No	
8 Estimated Market Value: \$ Amount of Mortgage: \$	_
9 6. Do you own an automobile? Yes No	
0 Make Year Model	
Is it financed? Yes No If so, Total due: \$	-
2 Monthly Payment: \$	
7. Do you have a bank account? Yes No Do not include account number	
Name(s) and address(es) of bank: U.S.Bank	_
5	-
Present balance(s): \$	_
Do you own any cash? Yes No _ Amount: \$	_
Do you have any other assets? (If "yes," provide a description of each asset and its estim	ated
market value.) Yes No	
	
8. What are your monthly expenses?	
Rent: \$ 200°° Utilities: #30	
Food: \$ 99 Clothing: # 200	_
Charge Accounts:	
Name of Account Monthly Payment Total Owed on This A	Acct.
s \$ \$	
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PRIS. APP. TO

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2	Case Number:	
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7	7	
8	CERTIFICATE OF FUNDS	
9	IN	
10	PRISONER'S ACCOUNT	
11		
12	I certify that attached hereto is a true and correct copy of the prisoner's trust accou	nt
13	statement showing transactions of for the last six mon	ths
	statement showing transactions of for the last six mon for the last six mon where (s)he is confined.	
14		
14	[name of institution] I further certify that the average denosits each month to this prisoner's account for	the
15	[name of institution] I further certify that the average deposits each month to this prisoner's account for	
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